



# Application for Connection

(DEBTOR ACCOUNT MAINTENANCE AGREEMENT)

TENANT		OWNER	
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(Gray area for official use only)

ACCOUNT NUMBER		MASTER ACCOUNT	
TITLE CODE		TITLE CODE DESCRIPTION	
SURNAME		INITIALS	
FIRST NAME		AGREE NO	
MAIDEN NAME		DATE OF BIRTH	
ID NUMBER		GENDER	MALE FEMALE
PASSPORT NO.		LANGUAGE	
DEBTOR INDEX		TERMINATION DATE	
CELL NO:		WORK TEL: CODE & NUMBER	
E-MAIL :		FAX: CODE & NUMBER	
PAY METHOD (ACB/CHEQ/CASH)			
COMPANY REG. NO.		VAT NUMBER	
POSTAL ADDRESS		PHYSICAL ADDRESS	
		Bethlehem	
		Bohlokong	
		Clarens	
		Fouriesburg	
		Paul Roux	
		Rosendal	
POSTAL CODE		POSTAL CODE	
CONNECTION ADDRESS		CONNECTION DATE	

## **NEXT OF KIN INFORMATION**

NAME		ADDRESS	
RELATIONSHIP		CELL PHONE NO	



# Connection Form (cont.)

(DEBTOR ACCOUNT MAINTENANCE AGREEMENT)

## SPOUSE INFORMATION

ID NUMBER		CELL PHONE NO	
INITIALS		FULL NAMES	
MAIDEN NAME		OCCUPATION	
NAME OF EMPLOYER		TELEPHONE NUMBER OF EMPLOYER	
SALARY REFERENCE NO			

I / We hereby: -

- Apply for the provision of municipal services to be provided to the abovementioned property;
- Accept the conditions applicable to the provision of municipal services as set in Council's By-Laws and the Conditions of Supply of any service provider of Council;
- Declare that I was informed that the documents referred to in (b) are available for inspection at the Dihlabeng Local Municipality Head Office during office hours;
- Declare that this application form and the implications thereof were explained to me;
- Declare that the information provided in this application form is true and correct.

## SIGNATURES:

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DIHLABENG LOCAL MUNICIPALITY

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
OWNER / AGENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Print)

ID NO: \_\_\_\_\_

## DOCUMENTATION REQUIRED (To be attached)

- Certified Copy of Applicant and Owner ID Documents OR Power of Attorney Letter
- Letter from Agent (If applicable)
- Copy of Company Registration Certificate
- Certified Copy of VAT Registration Certificate

